(c) whether Government would consider ordering an inquiry to find out the reasons for the delay; and

(d) whether Government would take steps to start the Institute within a time bound frame?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (d) Yes, Sir. The National Institute of Unani Medicine, Bangalore was established in 1984. Non availability of funds was the main constraint for the slow progress in setting up the Institute. With the creation a separate Deptt. of Indian System of Medicine & Homoeopathy in 1995, increased flow of funds has been provided for the Institute. An amount of Rs. 2 crores has been released during the last 2 years, and there is a provision of Rs. 1.5 crores for the current financial year for the Institute. The Hospital Services Consultancy Corporation of India Limited, have been entrusted the work of construction of the building of the Institute and the boundary wall has already beeff completed. Tonographical Survey, Geo-Technical Investigation & Ground Water Investigation have already been completed. Construction of O.P.D. alongwith allied facilities has been approved and HSCC have been asked to complete the construction at the earliest. With the decisions already taken, the Institute is expected to become operational during the 9th Five Year Plan.

किशोरावस्था में गर्भधारण करने और मां बनने की घटनाओं में वृद्धि

227. **श्री गोपाल सिंह जी सोलंकी:** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) देश में किशोरावस्था में गर्भधारण करने और मां बनने की राज्यवार घटनाओं में कितने प्रतिशत की वृद्धि हुई है और क्या इससे सामाजिक स्तर पर प्रतिकूल प्रभाव पड़ा है;

(ख) यदि हां, तो 1990-91 से लेकर 1996-97 तक के दौरान किशोरावस्था में गर्भधारण करने और मां बनने की कुल कितनी घटनाएं हुई तथा यह वृद्धि कितनी है;

(ग) क्या उक्त घटनाओं में वृद्धि के कारण होने वाली जनसंख्या वृद्धि को रोकने के लिए लड़कियों की विवाह योग्य आयु को बढ़ाना सर्वाधिक उपयुक्त उपाय माना जा रहा है; और

(घ) यदि हां, तो इस संबंध में आम राय बनाने के लिए क्या उपाय किए गए है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी): (क) उपलब्ध रिपोर्ट के अनुसार कोई वृद्धि नहीं हुई है।

(ख) यह प्रश्न नहीं उठता।

(ग) और (घ) जी हां। बाल विवाह अवरोध अधिनियम 1978 में विवाह की वैध आयु को लड़कियों के लिए 15 वर्ष से 18 वर्ष तथा लड़कों के लिए 18 से 21 वर्ष तक बढ़ाया गया है। जनगणना आंकड़ों से पता चलता है कि लड़कियों के विवाह के समय न्यूनयम आयु पहले ही 18 वर्ष से 18.33 वर्ष तक बढ़ी है। गौना तथा विवाह की आयु में विलम्ब करने में और आम सहमति उत्पन्न करने के लिए ग्रामीण स्तर पर इलैक्ट्रानिक प्रचार माध्यमों, नुक्कड़ नाटकों, गीत एवं नाटक तथा जनमत तैयार करने वाले शिविरों के माध्यम से जागरूकता कार्यक्रम कार्यान्वित किए जा रहे हैं।

Raw Data released by Registrar General of India regarding population

228. PROF. RAM KAPSE: Will the PRIME MINISTER be pleased to state:

(a) whether Government have received the Raw data released by the Registrar General of India, regarding the expected population bomb in the country;

(b) if so, the special efforts made so far by Government of combat the alarming situation; and

(c) if no efforts have been made, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) The Technical

Group on Population constituted in commission under the Chairmanship of Registrar General of India has estimated the country's population to cross 100 crores by 2000 A.D. This Committee has projected the population in 2016 A.D. at 126.4 crores.

(b) and (c) The programmes of Department of Family Welfare are aimed at controlling the population of the country at a level consistent with the requirement of national development. The use of contraceptives and terminal methods is being canvassed with the citizens in the reproductive age group for avoiding unwanted pregnancies and facilities for reproductive and child health through the State Health Systems are being provided for improving the reproductive and child health status of mothers/children which would keep the families small in the long run.

The Reproductive and Child Health Services are proposed to be substantially improved and strengthened during the 9th Plan and availability of contraceptives will be improved by strengthening arrangements for social marketing of contraceptives. Panchayat Raj institutions are proposed to be closely associated and particular attention for purpose of training and IEC is proposed to be given to weak districts.

PHCs without Doctors in Karnataka

229. SHRI JANARDHANA POOJARY: Will the PRIME MINISTER be pleased to state:

(a) whether there are any Primary Health Centre (PHCs) in Karnataka which did not have doctors and other para medical staff as on 30th June, 1997;

(b) if so, the reasons therefor; and

(c) the steps taken to provide such staff?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) As per the information available till December, 1996, but of total of 1459 Primary Health Centres functioning in Karnatka, 227 Primary Health Centres were functioning without doctors, 622 without Lab. Technicians and 406 without pharmacists.

(b) and (c) Inadequacy of medical and para-medical staff is the main reason for these vacancies. The State Government has taken the following steps to fulfil these vacancies:—

1. Making Rural Service compulsory for doctors for certain periods.
2. Appointment of contract doctors.
3. Special drive has been launched to recruit para-medical staff against existing vacancies.

Regional Cancer Centres in Gujarat

230. SHRI AHMED PATEL: Will the PRIME MINISTER be pleased to state:

(a) the number of Regional Cancer Centres (RCCs) presently functioning in Gujarat, giving details of each centre;

(b) the number of cancer patients handled by each centre during the last three years, centre-wise and year-wise;

(c) whether Government propose to increase the number of Regional Cancer Centres in the State; and

(d) if so, the details thereof and if not the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) At present only one Regional Cancer Centre is functioning in Gujarat *i.e.* Gujarat Cancer and Research Institute (GCIR) recongnised by Ministry of Health and Family Welfare.

(b) Cases handled by Gujarat Cancer and Research Institute:—